

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

IN THE SUPERIOR COURT NO. 5

OF HAMILTON COUNTY

STATE OF INDIANA

v.

CAUSE NO. 29D05-_____

Defendant

REQUEST FOR APPOINTMENT OF COUNSEL
AND AFFIDAVIT OF FINANCIAL STATUS

I hereby affirm under the pains and penalties for perjury that I cannot afford to hire my own attorney in this case and request that the Court appoint counsel for me. In support of this request, I affirm that the following information is true and correct.

Name: _____

Telephone: (____)_____ DOB: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Usual occupation: _____ Currently employed: Yes No

Employer: _____ Health: _____

BRING HOME pay in each of last six months: \$____ \$____ \$____ \$____ \$____ \$____

If unemployed, how long? _____ Why? _____

List amount of any checking/savings account: _____

Cash you have: \$_____ Money owed to you: \$_____

Tax refund due? Yes No When: _____ Amount: \$_____

Other income such as Unemployment, Disability, Child Support, Worker's Compensation:

What kind: _____ How much: \$_____ How often: _____

Do you own real estate? Yes No Value: \$_____ Mortgage(s): _____

List all motor vehicles by year, make, model, value, and amount owed: _____

List all personal property such as tools, electronics, appliances, furniture, etc., over \$250: _____

Number of dependents: _____ Ages: _____ Do they live with you? _____

If no, do you pay support: Yes No Monthly amount: \$_____ Arrearage: \$_____

List total monthly household expenses you pay: _____

List other adults that live with you by name, relation, and monthly bring-home pay: _____

List any debts over \$250 by who you owe and how much: _____

If you have posted bond in the last year, list the amount, the name of the person who paid the premium, and that person's relationship to you: _____

* * * * *

I understand that the information given above will be used to determine whether or not I am able to pay any part of the cost of a Public Defender appointed by the Court.

Under the pains and penalties for perjury, I hereby solemnly swear, or affirm, that the information above is true and correct to the best of my knowledge.

Date: _____

Signature

NOTICE

If the Court finds that you are able to pay part of the cost of an appointed attorney, you will be ordered to pay an initial fee of \$100 in a felony case, and \$50 in a misdemeanor case. You may also be required to repay the value of your appointed attorney's services if you are found to be able to pay at any time in the future.

*If the Court appoints an attorney for you, you must advise that attorney and this Court of any change in your financial condition. **YOU MUST FILE ANOTHER AFFIDAVIT IF YOU POST BOND.***

